



STATE OF TENNESSEE

**DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES**

OFFICE OF CONSUMER AFFAIRS

**PEER SUPPORT SPECIALIST
CERTIFICATION PROGRAM**

GUIDELINES, STANDARDS, AND PROCEDURES

MARCH 2008

TDMHDD Peer Support Specialist Certification Program

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STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

PEER SUPPORT SPECIALIST CERTIFICATION PROGRAM

I. INTRODUCTION

The Peer Support Specialist Certification Program (PSSCP) provides State certification for individuals who provide direct peer-to-peer support services to others diagnosed with mental illness or co-occurring disorders (COD). Because of their life experience with mental illness or co-occurring disorders and mental health services, Certified Peer Support Specialists (CPSSs) are able to use their unique experience to inspire hope and provide support to others who are likely facing similar situations and stigmas. This certification will allow Peer Support Specialists to provide a level of service and support that other professional training cannot replicate.

Certification does not imply the Certified Peer Support Specialists are qualified to diagnose an illness, prescribe or provide clinical services. The Peer Support Specialist Certification Program is not an offer of employment or job placement by the Tennessee Department of Mental Health and Developmental Disabilities. The certification in no way guarantees employment. Each person certified as a Peer Support Specialist should apply for positions available in his or her community.

II. CERTIFIED PEER SUPPORT SPECIALIST DEFINITION

A Certified Peer Support Specialist (CPSS) is a person who has self-identified as having received or currently receiving mental health or co-occurring disorder services in his or her personal recovery process. This individual has undergone training recognized by the Tennessee Department of Mental Health and Developmental Disabilities on how to assist others in regaining control over their own lives based on the principles of recovery and resiliency.

By inspiring a sense of hope that recovery and resiliency are achievable goals, direct peer-to-peer support services provided by a Certified Peer Support Specialist are significant in assisting others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility, and empowerment inherent in self-directed recovery.

A Certified Peer Support Specialist must be employed by an agency that is licensed by the Tennessee Department of Mental Health and Developmental Disabilities, and must be under the general supervision of a mental health professional. A mental health professional as defined by the State is a board-eligible or board-certified psychiatrist, or a person with at least a master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy.

The Certified Peer Support Specialist can perform a wide range of tasks to assist peers in regaining control over their own lives and the recovery process. These direct peer-to-peer support services include, but are not limited to, developing community support, assisting in the development of rehabilitation goals, serving as an advocate, life coach, mentor, or facilitator for resolution of issues that a peer is unable to resolve in his or her own way, or providing education on the importance of maintaining personal wellness and recovery.

This certification does not in any way indicate that the Certified Peer Support Specialist is qualified to diagnosis an illness, to prescribe or provide clinical treatment, or to provide direct peer-to-peer services independent of an agency that is licensed by the Tennessee Department of Mental Health and Developmental Disabilities.

The Tennessee Department of Mental Health and Developmental Disabilities' (TDMHDD) Office of Consumer Affairs (OCA) operates Tennessee's Peer Support Specialist Certification Program in conjunction with the Certified Peer Support Specialist Advisory Committee.

The Certified Peer Support Specialist Advisory Committee has the duty and responsibility to review applications and determine whether the applicant meets all minimum requirements of certification as outlined in the PSSCP Guidelines, Standards and Procedures.

The Certified Peer Support Specialist Advisory Committee meets on a quarterly basis and shall be made up of, but is not limited to, representatives from the Consumer Advisory Board (CAB), the Division of Recovery Services and Planning (DRSP), and the Division of Managed Care (DMC). This group provides specific recommendations that include, but are not limited to, the requirements of pre-certification status, certification, training, and on-going education.

- The Consumer Advisory Board shall provide guidance from the consumer perspective on matters relating to pre-certification status, certification, training, on-going education, and the certification renewal procedure.
- The Division of Recovery Services and Planning and the Division of Managed Care shall provide guidance relating to funding and the Certified Peer Support Specialist roles within the service delivery system.

The Office of Consumer Affairs shall develop and reserves the right to make any necessary changes without prior notification to the PSSCP Guidelines, Standards and Procedures, so that the appropriate authority to grant certification and to ensure acceptable professional standards is established.

III. CERTIFICATION STANDARDS

Certification as a Peer Support Specialist is linked to employment and must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined under Section V. Employment Guidelines.

To become certified as a Peer Support Specialist in the State of Tennessee, the applicant must meet all minimum requirements as defined under Section III. b. Standards.

a. Pre-Certification Status

An applicant seeking consideration for pre-certification status must meet all minimum requirements, with the exception of employment, as defined under the Certification Standards.

Upon a successful review process, the applicant is mailed a letter confirming his or her pre-certification status. Pre-certification status is valid for one-hundred-eighty (180) calendar days from the date of the initial successful review. If employment is not obtained within the allotted time frame, the applicant's pre-certification status will become invalid and the applicant must reapply.

If the application packet is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the letter must be received by the Office of Consumer Affairs within thirty (30) calendar days of the date of the deficiency letter.

An application not completed within thirty (30) calendar days will be closed. Once an incomplete file has been closed, the applicant must submit a new application packet with all the required documentation.

Upon employment, the applicant must have his or her immediate supervisor complete and submit via fax or mail the Employment Summary Form to the Office of Consumer Affairs.

Only when the Office of Consumer Affairs receives the Employment Summary Form will the application process be considered complete, and only then will the applicant be mailed his or her certificate.

b. Standards

To be certified as a Peer Support Specialist in the State of Tennessee, an applicant must meet the following minimum requirements:

- 1) Be at least eighteen (18) years of age or older;
- 2) Hold a high-school diploma or General Equivalency Degree (GED);
- 3) Have a primary diagnosis of a mental illness or a co-occurring disorder (COD). A primary diagnosis of a substance use disorder does not meet certification requirements;
- 4) Self-identify as a person who has received or is receiving mental health or co-occurring services in their personal recovery process;
- 5) During the last two (2) years, demonstrated a minimum of twelve (12) consecutive months in self-directed recovery. Self-directed recovery shows experience in leadership, advocacy, and peer support;

6) Provide documentation of successful completion of one (1) of the four (4) evidence-based and/or best practice Peer Support Specialist Training Programs currently recognized by the Tennessee Department of Mental Health and Developmental Disabilities listed below:

(1) Recovery Innovations, Inc.'s Peer Employment Training taught by a META-Certified Facilitator, or

(2) *Both* of the following:

(a) Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, and

(b) WRAP Facilitator Certification (WRAP II), taught by a certified WRAP trainer, or

(3) *Both* of the following:

(a) Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, and

(b) The four-day (4) Illness Management and Recovery (IMR) training, taught by Dr. Kathleen Donegan and Norman Council, or

(4) All three (3) of the following:

(a) BRIDGES Teacher Training (applicant must have also taught at least one (1) complete course annually since receiving a certificate of training completion), and

(b) BRIDGES Support Group Facilitator Training, and

(c) Peer Counseling Counselor Training, authored by Sita Diehl, Gregory Fisher, and Betty Blaska.

- For information on additional recognized trainings and/or trainers, contact the Office of Consumer Affairs toll-free at [1-800-560-5767](tel:1-800-560-5767) or visit the OCA website at <http://www.state.tn.us/mental/policy/oca1.html>.
- Other evidence-based and/or best practice Peer Support Specialist Training Programs may be considered if appropriate documentation relating to the program's curriculum, requirements, and competencies are approved by the Office of Consumer Affairs.

7) Have successfully demonstrated mastery of the following competencies through testing and evaluation as required by one of the evidence-based and/or best practice Peer Support Specialist Training Programs recognized by the Tennessee Department of Mental Health and Developmental Disabilities:

- A Peer Support Specialist should have an understanding of the basic skills and knowledge needed to provide direct peer-to-peer support services and an ability to apply basic skills to routine tasks.
 - Knowledge of the structure of the State mental health system and how it works
 - A thorough understanding of the Certified Peer Support Specialist Scope of Activities

- A thorough understanding of the Certified Peer Support Specialist Code of Ethics
- Knowledge of the meaning and role of providing direct peer-to-peer support services as a Certified Peer Support Specialist
- The ability to create and facilitate a variety of group activities that support and strengthen recovery
- The ability to document activities relating to delivery of direct peer-to-peer support services
- The ability to help peers combat negative self-talk, overcome fears, and solve problems
- The ability to help peers articulate, set, and accomplish goals
- The ability to teach peers to create their own recovery plans
- The ability to teach peers to work with mental health or co-occurring disorder professionals in order to obtain the services they want
- A Peer Support Specialist should have an understanding of the recovery process and the ability to use one's personal recovery story to help others. This includes, but is not limited to, the following:
 - The stages in the recovery process and what is and is not helpful at each stage of the recovery process
 - The role of direct peer-to-peer support at each stage of the recovery process
 - The ability to identify the power of a peer's beliefs and values and how they support or undermine recovery
 - The basic philosophy and principles of psychosocial rehabilitation
 - The basic definition and dynamics of recovery
 - The ability to articulate what has been helpful and what has not been helpful in their own personal recovery
 - The ability to discern when and how much of one's personal recovery story to share and with whom
- A Peer Support Specialist should have an understanding of healing relationships and the ability to establish healing relationships with other peers.
 - The dynamics of power, conflict, and integrity in the workplace
 - The concept of "seeking out common ground"
 - The meaning and importance of cultural differences and beliefs
 - The ability to ask open-ended questions that relate a person to his or her inner wisdom

- The ability to deal personally with conflict and difficult interpersonal relations in the workplace
 - The ability to participate in “healing communication”
 - The ability to sensitively and effectively interact with people of other cultures
 - A Peer Support Specialist should have an understanding of the importance of taking care of oneself and the ability to do so.
 - The dynamics of stress and burnout
 - The role of a personal recovery plan
 - The ability to discuss one’s own tools for taking care of oneself
 - The ability to develop and utilize a personal support network relating to both recovery and professional activities
- 8) Have a minimum of six (6) months paid and/or volunteer work with adults diagnosed with mental illness or co-occurring disorders in any or all of the following roles:
- Peer Counselor: a person eighteen (18) years of age or older who has been trained to provide nonjudgmental, nondirective peer counseling support to a peer who is dealing with issues relating to recovery from mental illness or co-occurring disorders.
 - Support Group Leader: a person eighteen (18) years of age or older who has been trained to lead self-help activities in a group setting with the goal of providing emotional support to the participants. These groups can be structured around specific support needs which include, but are not limited to, support groups for peers with co-occurring disorders, women’s or men’s support groups, support groups for individuals who are working or wanting to work, etc.
 - Peer Educator: a person eighteen (18) years of age or older who has been trained to provide information and education to other peers so they can make sound decisions about their recovery process and treatment. Examples include, but are not limited to, being a BRIDGES Teacher, teaching various educational topics in a peer support center or psychosocial program, or providing peers with educational activities that promote rehabilitation and recovery.
- 9) Must be employed by an agency that is licensed by the Tennessee Department of Mental Health and Developmental Disabilities, and under the general supervision of a mental health professional.
- 10) Read, understand, and agree to the following:
- The Certified Peer Support Specialist Scope of Activities
 - The Certified Peer Support Specialist Code of Ethics

IV. CERTIFICATION PROCEDURE

It is the applicant's responsibility to ensure that all required documents are accurately completed and submitted.

The completed application packet and other required documents must be submitted by the applicant via mail directly to:

Office of Consumer Affairs ATTN: PSSCP - Certification Cordell Hull Building, Third Floor 425 Fifth Avenue North Nashville, TN 37243
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- Enclose all of the following documents prior to mailing the application packet:
 - Application Process Checklist
 - Completed Application
 - Copy of high-school diploma or General Equivalency Degree (GED)
 - Completed and signed Employment Summary Form (Applicable only to applicants who are employed)
 - Copy of Certificate(s) of completion from one (1) of the four (4) evidence-based and/or best practice Peer Support Specialist Training Programs currently recognized by the Tennessee Department of Mental Health and Developmental Disabilities
 - Three (3) Completed Professional Reference Forms (Applicants should make copies of the form and ask each reference to return the completed form to them in a sealed envelope).
 - Signed Acknowledgement of the Certified Peer Support Specialist Scope of Activities
 - Signed Acknowledgement of the Certified Peer Support Specialist Code of Ethics
- Please allow fourteen (14) business days for documents mailed to the Office of Consumer Affairs to be reviewed.
- The Office of Consumer Affairs will only discuss the application status with the applicant. Please inform all others that updates must be obtained from the applicant.
- When the application packet is complete, the file will be promptly reviewed and a certification determination made. Upon a successful review, the applicant is mailed the certificate.
- If the application packet is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the deficiency letter must be received by the Office of Consumer Affairs within thirty (30) calendar days of the date of the letter.

- Any application packet not completed and submitted within thirty (30) calendar days of its original receipt by the Office of Consumer Affairs will be closed. In order to be considered for certification the applicant must resubmit a completed application packet and any other required documentation for review.

To obtain a Certified Peer Support Specialist Application, contact the TDMHDD, Office of Consumer Affairs toll-free at [1.800.560.5767](tel:18005605767) or visit the OCA website at:

<http://www.state.tn.us/mental/policy/oca1.html>

V. EMPLOYMENT GUIDELINES

Certification as a Peer Support Specialist is linked to employment. A Certified Peer Support Specialist must be employed as a paid Certified Peer Support Specialist by an agency that is licensed by TDMHDD and under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

- A Mental Health Professional as defined by the State is a board-eligible or a board-certified psychiatrist or a person with at least a Master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy.
 - The amount, duration, and scope of supervision may range from direct oversight to periodic care consultation.
- Agencies that are licensed by the Tennessee Department of Mental Health and Developmental Disabilities shall establish criteria, under which they hire, train and retain Certified Peer Support Specialists.
- The direct supervisor of the Certified Peer Support Specialist shall immediately contact the Office of Consumer Affairs, and provide written notification within fourteen (14) business days, of any of the following:
 - Any change in the Certified Peer Support Specialist's name, address, or other contact information
 - Any change in the Certified Peer Support Specialist's employment or employment status
 - A change in the agency staff person responsible for providing supervision even if agency does not change. Each Certified Peer Support Specialist must be under the supervision of a mental health professional as defined by the State
 - Certified Peer Support Specialist no longer provides direct peer-to-peer support services
 - Certified Peer Support Specialist violates the Certified Peer Support Specialist Code of Ethics

The direct supervisor shall fax or mail an amended Employment Summary Form specifying any of these changes to the Office of Consumer Affairs.

NOTE: Failure to provide notification of any of these conditions may result in, but is not limited to, immediate termination of certification.

- The agency shall ensure that all services rendered by a Certified Peer Support Specialist are under a comprehensive, individualized plan of care, which includes person-centered planning, regular progress reports, and specific measurable service and treatment goals.
- The agency shall ensure that each Peer Support Specialist is certified and meets all on-going education requirements.
 - Obtain a copy of the original and subsequent certifications and place documentation in personnel file.

- Provide in-service trainings as specified in the Tennessee Department of Mental Health and Developmental Disabilities Managed Care Standards for the Delivery of Behavioral Health Services.
- **NOTE:** If the delivery of the Certified Peer Support Specialist service is to be rendered as a Medicaid covered service; this additional guideline must be met:
 - Certified Peer Support Specialist must be employed by an agency that is licensed by the Tennessee Department of Mental Health and Developmental Disabilities and authorized to participate in the Medicaid program.

VI. CERTIFICATION RENEWAL

To maintain active certification status, the Certified Peer Support Specialist must:

- complete and submit annually a Certification Renewal application,
- retain employment with an agency that is licensed by the Tennessee Department of Mental Health and Developmental Disabilities,
- remain under the general supervision of a mental health professional as defined by the State,
- continue to perform any of the duties specified in the Scope of Activities,
- provide documentation of successful completion of the recognized on-going education,
- have no reports of violation of the Certified Peer Support Specialist Code of Ethics, and
- submit any other documents required by the Office of Consumer Affairs.

a. Renewal Procedure

- Each Certified Peer Support Specialist is responsible for maintaining his or her certification, and must submit the Certification Renewal Application and all other required documentation, at least forty-five (45) calendar days prior to the end of the current certification period. Unless renewed annually, the certification shall expire one year from the date of the prior certification.

To obtain an application for Certification Renewal, contact the Office of Consumer Affairs at 1.800.560.5767 or visit the OCA website at <http://www.state.tn.us/mental/policy/oca1.html>.

b. Ongoing Education Guidelines

- Twenty (20) hours of on-going education are required annually to maintain active certification and must be earned within the annual certification period. On-going education trainings are not transferable to any other certification period.

c. Ongoing Education Standards

Certified Peer Support Specialists who are employed by an agency that is licensed by the Tennessee Department of Mental Health and Developmental Disabilities must complete:

- Provider agency in-service trainings; and
- Two (2) additional on-going education trainings, seminars, workshops, or college courses within, but not limited to, the following categories:
 - Recovery in the Fields of Mental Health and Co-Occurring Disorders
 - Peer Support Services Promoting Recovery and Resiliency
 - Assisting Peers in Starting and Sustaining Self-Help Groups
 - Self-Directed Recovery and Resiliency
 - Cultural Competency
 - Grief Counseling
 - Spirituality in Recovery

OR

Certified Peer Support Specialists who are employed by an agency licensed by the Tennessee Department of Mental Health and Developmental Disabilities must complete:

- Provider agency in-service trainings; **and**
- Successful completion of one (1) of the evidence-based and/or best practice Peer Support Specialist Training Programs currently recognized by the Office of Consumer Affairs.

NOTE: The training must be different from the training used to meet the requirements of initial certification.

d. Verification Procedure

As part of the Certification Renewal Application process, the following information is required to confirm successful completion of on-going education training recognized by the Office of Consumer Affairs:

- Certificate of Attendance and/or Completion listing the following:
 - Certified Peer Support Specialist Name
 - Certificate signed by the instructor or trainer
 - Training Date
 - Number of hours of training
 - Title and/or Category of the Training

OR

- College or University Courses: Official Transcripts should be mailed directly from the college or university to the Office of Consumer Affairs. **Do Not** ask the school to send the transcript to your attention.

OR

- Provider Agency In-Service Trainings approved by the Tennessee Department of Mental Health and Developmental Disabilities' Managed Care Standards for the Delivery of Behavioral Health Services. The following information is required to confirm successful completion of these Trainings:
 - Verification on official agency letterhead
 - Certified Peer Support Specialist name
 - Letter must be signed by the immediate supervisor
 - Hours of attendance
 - Training date
 - Training category

To obtain a verification form, contact the Office of Consumer Affairs at [1.800.560.5767](tel:1.800.560.5767) or visit the OCA website at <http://www.state.tn.us/mental/policy/oca1.html>.

VII. TERMINATION OF CERTIFICATION

Termination is the loss of certification.

a. Termination due to deficient Documentation

1) Causes

- Failure to provide required on-going education documentation prior to the annual certification date
- Failure to complete and submit an application for renewal
- Failure to submit any other documentation and/or information required by the Office of Consumer Affairs

2) Requirements for Reinstatement of Certification

The individual may apply for reinstatement at any time within one (1) year following the date of termination.

- Resubmission of a complete application packet, **and**
- Submission of an On-going Education Verification form confirming twenty (20) hours of on-going education earned within one (1) year prior to the resubmission of the application

b. Termination due to change in job duties

1) Cause

- The Certified Peer Support Specialist no longer performs any of the duties specified in the Scope of Activities

2) Requirements for Reinstatement of Certification

The individual may apply for reinstatement at any time within one (1) year following the date of termination.

- Submission of a complete application packet, including an Employment Summary form verifying that the applicant now performs duties specified in the Scope of Activities, **and**
- Submission of an On-going Education Verification form confirming twenty (20) hours of on-going education earned within one (1) year prior to the resubmission of the application

c. Termination due to Code of Ethics violation

1) Cause

- Failure to adhere to the Certified Peer Support Specialist Code of Ethics

2) Requirements for Reinstatement of Certification

The individual may not apply for reinstatement prior to one (1) year following his or her termination.

- Submission of a complete application packet, including an Employment Summary form verifying that the applicant performs duties specified in the Scope of Activities, **and**
- Submission of an On-going Education Verification form confirming twenty (20) hours of on-going education earned within one (1) year prior to the resubmission of the application, **and**
- Submission of a report, including supporting documentation, stating the nature of the violation, an acknowledgment of the violation, and all remedies and/or corrective actions taken to ensure that the violation does not recur, **and**
- A recommendation to reinstate the individual by the Certified Peer Support Specialist Advisory Committee, based on review of the following:
 - a) The seriousness of the violation
 - b) The acknowledgment of the violation by the individual
 - c) The corrective action(s) taken

VIII. INACTIVE STATUS

a. Deactivation of Certification

A Certified Peer Support Specialist may request inactive status due to an unforeseen circumstance.

A Certified Peer Support Specialist who is in good standing with the Office of Consumer Affairs and his or her employer may request inactive status if he or she is unable to meet the requirements of certification due to, but is not limited to, the following:

- A decline in physical health and/or mental health
- Extenuating personal circumstances

Examples:

- Death of a spouse, child, parent or close relative
 - Prolonged illness of a spouse, child, parent or close relative
 - Divorce or marriage
 - “Loss of” or “Change in” employment
 - Military Deployment
- Extenuating employment circumstances

Inactive status will not be granted for failure to comply with the On-Going Education Guidelines of certification or violations of the Certified Peer Support Specialist Code of Ethics.

It is the responsibility of the Certified Peer Support Specialist to ensure that all required documents are submitted and completed as accurately as possible. Only completed requests will be processed.

The completed request and any other required documents are to be submitted by the applicant and mailed directly to:

Office of Consumer Affairs
ATTN: PSSCP – Inactive Request
Cordell Hull Building, Third Floor
425 Fifth Avenue North
Nashville, TN 37243

Please allow fourteen (14) business days for documents mailed to the Office of Consumer Affairs to be reviewed.

The Office of Consumer Affairs will only discuss the status of the request with the applicant. Please inform all others that updates must be obtained from the applicant. A status report will be mailed to the address listed on the request.

If the Inactive Status Request is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter shall be mailed to the Certified Peer Support Specialist, stating specific information needed for the request to be successfully processed. Any required documents not submitted within thirty (30) business days of the deficiency letter will not be considered.

To obtain an Inactive Status Form, contact the Office of Consumer Affairs toll-free at [1.800.560.5767](tel:18005605767) or the OCA website at <http://www.state.tn.us/mental/policy/oca1.html>.

b. Reactivation of Certification

Reactivation of certification may be accomplished through the submission of all documents required by the Office of Consumer Affairs.

1) Requirements for Reactivation of Certification

The individual may apply for reactivation at any time within one (1) year following the date of deactivation.

- Submission of a complete application packet

Any Peer Support Specialist whose certification has been inactive for one (1) year or less shall not be required to complete the On-Going Education requirements for reactivation of certification at that time.

Upon receipt of the required documentation, any Peer Support Specialist whose certification was active prior to a decline in physical health and/or mental health or extenuating personal circumstances shall be allowed to reactivate their certification.

The applicant shall submit the new application as outlined by the PSSCP Guidelines, Standards and Procedures, as defined under the Certification Standards and Certification Procedures.

It is the applicant's responsibility to ensure that all required documents are accurately completed and submitted.

If the application is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs within thirty (30) calendar days from the date of the deficiency letter.

Application packets not completed within thirty (30) calendar days from the date of the deficiency letter will be closed. Once an incomplete file has been closed, all applicants must submit a new application and all required documentation.

Any Peer Support Specialist, whose certification has been inactive for more than one (1) year, shall be terminated. Refer to the procedure for Reinstatement of Certification in Section VII. Termination.

IX. GRIEVANCE PROCEDURE

When an applicant questions the outcome of an application review, is denied certification, or is subjected to an action by the Office of Consumer Affairs that he or she deems unjustified, the applicant may file a grievance. The applicant must submit the grievance within thirty (30) calendar days of receipt of the notice of denial of certification or of any other action deemed by the applicant to be unjustified.

It is the applicant's responsibility to submit the grievance and any other documents required by the Office of Consumer Affairs to:

Office of Consumer Affairs ATTN: PSSCP - Grievance Cordell Hull Building, Third Floor 425 Fifth Avenue North Nashville, TN 37243
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Please allow fourteen (14) business days for documents mailed to the Office of Consumer Affairs to be received and reviewed.

The Office of Consumer Affairs will only discuss the status of the grievance with the applicant. Please inform all others that updates must be obtained from the applicant. A status report will be mailed to the address listed on the form.



X. CERTIFIED PEER SUPPORT SPECIALIST SCOPE OF ACTIVITIES

The scope of activities shows the wide range of tasks a Certified Peer Support Specialist can perform to assist others in regaining control over their own lives based on the principles of recovery and resiliency. Certification does not imply the Certified Peer Support Specialist is qualified to diagnose an illness, prescribe or provide clinical services.

- 1) Utilizing unique recovery experiences, the Certified Peer Support Specialist shall:
 - a) teach and foster the value of every individual's recovery experience;
 - b) model effective coping techniques and self-help strategies;
 - c) encourage peers to develop independent behavior that is based on choice rather than compliance;
 - d) establish and maintain a peer relationship rather than a hierarchical relationship.
- 2) Utilizing direct peer-to-peer interaction and a goal-setting process, the Certified Peer Support Specialist shall:
 - a) understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals;
 - b) lead as well as teach how to facilitate recovery dialogues through the use of focused conversation and other evidence-based and/or best practice methods;
 - c) teach relevant skills needed for self management of symptoms;
 - d) teach others how to overcome personal fears and anxieties;
 - e) assist peers in articulating their personal goals and objectives for recovery;
 - f) assist peers in creating their personal recovery plans (e.g., WRAP, Declaration for Mental Health Treatment, crisis plan, etc.);
 - g) assist peers in setting up and sustaining self-help groups;
 - h) appropriately document activities provided to peers in either their individual records or program records.
- 3) The Certified Peer Support Specialist shall maintain a working knowledge of current trends and developments in the fields of mental health, co-occurring disorders and peer support services by:
 - a) reading books, current journals, and other relevant material;
 - b) developing and sharing recovery-oriented material with other Certified Peer Support Specialists;
 - c) attending seminars, workshops, and educational trainings recognized by the Tennessee Department of Mental Health and Developmental Disabilities.
- 4) The Certified Peer Support Specialist shall serve as a recovery agent by:
 - a) providing and promoting effective recovery-based services (e.g., BRIDGES, WRAP);
 - b) assisting peers in obtaining services that suit each peer's individual recovery needs;
 - c) assisting peers in developing empowerment skills through self-advocacy;
 - d) assisting peers in developing problem-solving skills so they can respond to challenges to their recovery;
 - e) sharing his or her unique perspective on recovery with non-peer staff;
 - f) assisting non-peer staff in identifying programs and environments that are conducive to recovery.



XI. CERTIFIED PEER SUPPORT SPECIALIST CODE OF ETHICS

These principles will guide Certified Peer Support Specialists in their various roles, relationships, and levels of responsibility in which they function professionally.

- 1) The primary responsibility of a Certified Peer Support Specialist is to help peers achieve their own needs, wants, and goals.
- 2) The Certified Peer Support Specialist will maintain high standards of personal and professional conduct.
- 3) The Certified Peer Support Specialist will ensure that all information and documentation provided is true and accurate to the best of his or her knowledge.
- 4) The Certified Peer Support Specialist will conduct himself or herself in a manner that fosters his or her own recovery.
- 5) The Certified Peer Support Specialist will openly share with peers, other CPSSs, and non-peers his or her recovery stories from mental illness or co-occurring disorders as appropriate for the situation in order to promote and support recovery and resiliency.
- 6) The Certified Peer Support Specialist at all times will respect the rights and dignity of those he or she serves.
- 7) The Certified Peer Support Specialist will never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse, or make unwarranted promises of benefits to the individuals he or she serves.
- 8) The Certified Peer Support Specialist will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or state.
- 9) The Certified Peer Support Specialist will promote self-direction and decision making for those he or she serves in all matters.
- 10) The Certified Peer Support Specialist will respect the privacy and confidentiality of those he or she serves.
- 11) The Certified Peer Support Specialist will promote and support services that foster full integration of individuals into the communities of their choice.
- 12) The Certified Peer Support Specialist will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
- 13) The Certified Peer Support Specialist will not enter into dual relationships or commitments that conflict with the interests of those he or she serves.
- 14) The Certified Peer Support Specialist will never engage in sexual and/or intimate activities with the peers he or she serves.
- 15) The Certified Peer Support Specialist will not use illegal substances under any circumstances.
- 16) The Certified Peer Support Specialist will keep current with emerging knowledge relevant to recovery and will share this knowledge with other certified peer support specialists.
- 17) The Certified Peer Support Specialist will not accept gifts of significant value from those he or she serves.
- 18) The Certified Peer Support Specialist will provide direct peer-to-peer support services as defined by the Scope of Activities.

APPENDIX A



STATE OF TENNESSEE

**DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES**

OFFICE OF CONSUMER AFFAIRS

**PEER SUPPORT SPECIALIST
CERTIFICATION PROGRAM**

APPLICATION FORMS

MARCH 2008



Certified Peer Support Specialist Application Process Checklist

Please complete and submit the checklist below verifying that all required documents are enclosed with the application prior to mailing:

	Yes	No
1) Application Process Checklist	_____	_____
2) Completed Certified Peer Support Specialist Application	_____	_____
<ul style="list-style-type: none">• Do not alter the application from its original format.• Write legibly in only black or blue ink.• Do not use nicknames or abbreviated forms of your legal name.		
3) Copy of high-school diploma or General Equivalency Degree (GED)	_____	_____
4) Employment Summary completed and faxed by employer to the OCA (Applicable only to applicants who are employed by a provider agency)	_____	_____
5) Certificates of completion from one (1) of the four (4) evidence-based and/or best practice Peer Support Specialist Training Programs recognized by the TDMHDD below:		
<ul style="list-style-type: none">• Recovery Innovations, Inc.'s Peer Employment Training taught by a META-Certified Facilitator, <u>or</u>	_____	_____
<ul style="list-style-type: none">• <i>Both</i> of the following:<ul style="list-style-type: none">○ Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, <u>and</u>○ WRAP Facilitator Certification (WRAP II), taught by a certified WRAP trainer, <u>or</u>	_____	_____
<ul style="list-style-type: none">• <i>Both</i> of the following:<ul style="list-style-type: none">○ Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, <u>and</u>○ The four-day (4) Illness Management and Recovery (IMR) training taught by Dr. Kathleen Donegan and Norman Council, <u>or</u>	_____	_____
<ul style="list-style-type: none">• <i>All three (3)</i> of the following:<ul style="list-style-type: none">○ BRIDGES Teacher Training (applicant must have taught at least one (1) complete class annually since receiving certificate of completion), <u>and</u>○ BRIDGES Support Group Facilitator Training, <u>and</u>○ Peer Counselor Counseling Training Program, authored by Sita Diehl, Gregory Fisher, and Betty Blaska.	_____	_____
6) Three (3) completed Professional References	_____	_____
7) Signed Certified Peer Support Specialist Scoped of Activities	_____	_____
8) Signed Certified Peer Support Specialist Code of Ethics	_____	_____

This completed checklist verifies that my application packet has been completed prior to its submission.

Signature of Applicant

Date



**STATE OF TENNESSEE
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OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243**

CERTIFIED PEER SUPPORT SPECIALIST Application

Name (please print) _____

Social Security Number _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone () _____ - _____ **Work ()** _____ - _____

Email _____

- 1) The Office of Consumer Affairs requires a minimum of a high-school diploma or GED. Do you have a high-school diploma or GED? If yes, please attach a copy.

Yes ☐ **No** ☐

- 2) Are you employed by an agency that is licensed by TDMHDD and under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State?

Yes ☐ **No** ☐

If yes, please have your immediate supervisor complete and fax the attached Employment Summary Form to the Office of Consumer Affairs.

- 3) Have you been diagnosed with a mental illness or co-occurring disorder by a physician or psychologist?

Yes ☐ **No** ☐

- 4) Is your primary diagnosis by a physician or psychologist a substance abuse disorder?

Yes ☐ No ☐

- 5) Have you self-disclosed that you are a recipient of mental health or co-occurring disorder services as well as identified yourself as a person who has received or is receiving mental health or co-occurring disorder services?

Yes ☐ No ☐

- 6) In the last two (2) years, have you demonstrated a minimum of twelve (12) consecutive months in self-directed recovery (self-directed recovery must show experience in leadership, advocacy, and peer support)?

Yes ☐ No ☐

- 7) Have you demonstrated successful completion of at least one (1) the evidence-based and/or best practice Peer Support Specialist Training Programs recognized by the TDMHDD? If yes, please attach a copy of the certificate(s) of completion.

Yes ☐ No ☐

- 8) If you successfully completed the BRIDGES Teacher Training and received a certificate of completion, have you taught at least one (1) complete class annually?

Yes ☐ No ☐

If yes, date of the last class taught _____

- 9) Have you worked with adults diagnosed with mental illness or co-occurring disorders for at least six (6) months (paid or volunteer) as a peer counselor, support group leader or peer educator?

Yes ☐ No ☐

- 10) Indicate below the paid (P) or volunteer (V) experiences you have had in working with other adult peers who are recipients of mental health or co-occurring disorder services:

a) Peer Counselor Months _____ Years _____ Circle: Paid / Volunteer
Agency _____
Phone Number (_____) _____ - _____
Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (_____) _____ - _____

b) Support Group Leader Months _____ Years _____ Circle: Paid / Volunteer

Agency _____

Phone Number (_____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (_____) _____ - _____

c) Peer Educator Months _____ Years _____ Circle: Paid / Volunteer

Agency _____

Phone Number (_____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (_____) _____ - _____

My signature below gives permission for the Tennessee Department of Mental Health Developmental Disabilities, Office of Consumer Affairs to use my name, my certification status, and/or the name of employer.

My signature also affirms that all of the information contained in this application packet is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information will be grounds to deny or terminate my certification.

Applicant's Signature _____ Date _____



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425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243**

Employment Summary

The person named below is completing an application to be certified as a Peer Support Specialist with the Office of Consumer Affairs. In order to complete the application process, the direct supervisor must complete the following form regarding the applicant's employment, work responsibilities and supervisory plan. Once the form is completed, fax it to the Coordinator of Tennessee's Peer Support Specialist Certification Program at 615.253.3920. If you have questions, please contact the TDMHDD, Office of Consumer Affairs toll-free at 1.800.560.5767.

- 1) Prospective Certified Peer Support Specialist:

(Please Print Name)

- 2) Is the applicant named above employed to work in the role as a paid Peer Support Specialist?

Yes

☐

No

☐

- 3) **Title of Applicant's paid position within the agency**

Date of employment as a Peer Support Specialist _____

- 4) Number of hours assigned to work in this position per week: _____

- 5) A Certified Peer Support Specialist must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State. A Mental Health Professional as defined by the State is a board-eligible or a board-certified psychiatrist or a person with at least a Master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy. Please provide the following information regarding the agency staff that provides direct supervision:

Name_____ Phone (____) _____ - _____

Job Title_____ Credentials_____

Agency_____ Email_____

Address_____

City_____ State_____ ZIP _____

- 6) Please describe the nature of the applicant's work responsibilities in the position and role as a paid Peer Support Specialist within the agency:

- 7) Please describe in detail the nature of your direct one-on-one clinical supervision interactions with this applicant:

- 8) Please describe in detail the professional development plan or goals for this individual within the agency:

My signature below affirms that all of the information contained in this document is true, and that I support this application.

Signature of Immediate Supervisor_____ Date_____



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NASHVILLE, TENNESSEE 37243**

Certified Peer Support Specialist Professional Reference

The person named below is completing an application to be certified as a Peer Support Specialist with the Office of Consumer Affairs. The applicant must submit three (3) completed professional references of support in order to complete the application process. You have been chosen by the applicant to provide a reference for this purpose. Once the professional reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application. We appreciate your support of this applicant. If you have questions, please contact the Coordinator of Tennessee's Peer Support Specialist Certification Program with the TDMHDD, Office of Consumer Affairs toll-free at 1.800.560.5767.

1) Prospective Certified Peer Support Specialist:

(Please Print Name)

2) Please describe your knowledge of the applicant's work in the role of a Peer Support Specialist:

3) Please describe the nature of your professional relationship with the applicant:

4) Please describe the strengths and any potential weaknesses of the applicant and their ability to provide services as a Peer Support Specialist :

Reference Contact Information

(Please Print)

Name _____

Agency _____

Address _____

City, State, ZIP _____

Email _____

Work Phone (_____) _____ - _____

My signature below affirms that all of the information contained in this document is true, and that I support this application.

Signature of Reference

Date



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
OFFICE OF CONSUMER AFFAIRS
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NASHVILLE, TENNESSEE 37243**

Acknowledgement of the Certified Peer Support Specialist Scope of Activities

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Peer Support Specialist Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Peer Support Specialist Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understand all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Support Specialist Scope of Activities and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials _____

Print Full Name

Date

Signature



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NASHVILLE, TENNESSEE 37243**

Acknowledgement of the Certified Peer Support Specialist Code of Ethics

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the Certified Peer Support Specialist Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Peer Support Specialist Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understand all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Support Specialist Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

Print Full Name

Date

Signature

APPENDIX B



STATE OF TENNESSEE

**DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES**

OFFICE OF CONSUMER AFFAIRS

**PEER SUPPORT SPECIALIST
CERTIFICATION PROGRAM**

FREQUENTLY ASKED QUESTIONS

MARCH 2008



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
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FREQUENTLY ASKED QUESTIONS

1) What is a Certified Peer Support Specialist?

A Certified Peer Support Specialist is a person who has self-identified as having received or is receiving mental health or co-occurring disorder services in his or her personal recovery process. This individual has undergone training recognized by the Office of Consumer Affairs on how to assist others in regaining control over their own lives based on the principles of recovery and resiliency.

2) Why are direct “peer-to-peer” services important?

Peer-to-peer service is a vehicle that can be used to assist other individuals diagnosed with mental illness or co-occurring disorders (COD) to combat societal stigma, negative self-images or self-stigma by providing support, advocating for change and offering positive images of peers to non-peers. By providing positive images of persons diagnosed with mental illness or co-occurring disorders (COD), Peer Support Specialists can also have a positive impact on the negative attitudes sometimes found among mental health service providers.

3) What is the purpose of Tennessee’s Peer Support Specialist Certification Program?

State certification as a Peer Support Specialist is intended to ensure that individuals who provide direct peer-to-peer support services meet acceptable minimum standards.

4) Who oversees Tennessee’s Peer Support Specialist Certification Program?

The Office of Consumer Affairs shall develop policies and procedures within the Tennessee Department of Mental Health and Developmental Disabilities guidelines to grant certification and to ensure that acceptable professional minimum standards are established.

5) Where can a Certified Peer Support Specialist work?

Programs in which Certified Peer Support Specialist can be utilized include, but are not limited to, peer support centers, crisis stabilization units, case management, psychosocial rehabilitation, and inpatient hospital settings.

6) What types of services can a Certified Peer Support Specialist provide?

A Certified Peer Support Specialist may provide, but are not limited to, developing community support, assisting in the development of rehabilitation goals, serving as an advocate, life coach, mentor, or facilitator for resolution of issues a peer is unable to resolve on their own, or providing education on the importance of maintaining personal wellness and recovery.

7) Does the Tennessee Department of Mental Health and Developmental Disabilities provide employment or job placement?

No. The Peer Support Specialist Certification Program is not an offer of employment or job placement by the Tennessee Department of Mental Health and Developmental Disabilities.

8) Who will supervise the Certified Peer Support Specialist and how?

Each Certified Peer Support Specialist must be under the supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

9) Where are Peer Support Specialist trainings offered and is a fee involved?

For information on recognized trainings and/or facilitators, contact the TDMHDD, Office of Consumer Affairs toll-free at [1.800.560.5767](tel:18005605767) or visit the OCA website at <http://www.state.tn.us/mental/policy/oca1.html>.

10) How can provider agencies ensure that Certified Peer Support Specialist employees maintain confidentiality?

Maintaining confidentiality and privacy of all individuals receiving services is a legitimate concern and major issue of emphasis with all employees, not just Certified Peer Support Specialist employees.

All employees should receive Title 33 and Health Insurance Portability and Accountability Act (HIPAA) training to uphold the confidentiality and privacy of individuals receiving services. Every employee should be aware that all information regarding a person's recovery and treatment status is confidential.

11) Are Certified Peer Support Specialist services a Medicaid reimbursable service?

Yes. The requirements of the specific job duties and payor contracts will determine service reimbursement.

12) What is the salary range for Certified Peer Support Specialist?

The salary range is determined by the provider agency and program, and is affected by whether the Certified Peer Support Specialist works part time or full time.

13) How may I obtain a copy of my High School or GED diploma?

You may obtain a request form for a duplicate High School diploma or a letter verifying a GED diploma at the OCA website: <http://www.state.tn.us/mental/policy/oca1.html>.



Tennessee Department of Mental Health and Development Disabilities.
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